**Notice of Exempt** Offering of Securities

#### **U.S. Securities and Exchange Commission**

Washington, DC 20549

(See instructions beginning on page 5)

OMB Number: 3235-0076 Expires: January 31, 2009 Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Bend Memorial Building, LLC		<u></u>	Corporation
Jurisdiction of Incorporation/Organization	' l <u></u>		Limited Partnership
Oregon	]		Limited Liability Company
	, I		General Partnership
Year of Incorporation/Organization (Select one)	L		Business Trust Other (Specify)
Over Five Years Ago Within Last Five Year	ars 2005 Y	et to Be Formed	Office (specify)
(specify year)	2005		
ff more than one issuer is filing this notice, chec	ck this box 🔲 and identi	fy additional issuer(s) by	attaching Items 1 and 2 Continuation Page(s).)
tem 2. Principal Place of Business a	nd Contact Informa	tion	
Street Address 1	·	Street Address 2	
1501 NE Medical Center Dr			
City	State/Province/Country	ZIP/Postal Code	Phone No.
Bend	Oregon	97701	541-788-9101
		,	<u> </u>
em 3. Related Persons			
Last Name	First Name		Middle Name
	1 L		SEC Mail Processin
Allred	Howard		
Allred Street Address 1	Howard	Street A POSS	SSED Section
	Howard		SSED Section
Street Address 1 1501 NE Medical Center Dr	Howard tate/Province/Country	ZIP/Postal Galle I I	SSED Section JAN 3 0 2009
Street Address 1 1501 NE Medical Center Dr City St		ZIP/Postal Galle I I	SSED Section JAN 3 0 2009
Street Address 1 1501 NE Medical Center Dr City St Bend O	tate/Province/Country	ZIP/Postal & Be I I	SSED Section JAN 3 0 2009
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer	late/Province/Country Pregon Director Promoter	ZIP/Postal & Be I I	SSED Section JAN 3 0 2009
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Clarification of Response (if Necessary) Management (in the context of the	late/Province/Country Pregon Director Promoter	ZIP/Postal & E I I	SSED JAN 3 0 2009 Vashington, DC
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Clarification of Response (if Necessary) Management (Identify)	tate/Province/Country Pregon Director Promoter ager additional related perso	ZIP/Postal & E I I	SSED Section JAN 3 0 2009
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Clarification of Response (if Necessary) Managem 4. Industry Group (Select on	tate/Province/Country Pregon  Director Promoter ager additional related persone)	ZIP/Postal Code I I 977PIOMSON   ns by checking this box	SSED  JAN 3 0 2009  Washington, DC 111  And attaching Item 3 Continuation Page(s).
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer (Identify)  Clarification of Response (if Necessary) Mana  (Identify)  em 4. Industry Group (Select on Agriculture  Banking and Financial Services	Inte/Province/Country Iregon  Director Promoter Integer Intege	ZIP/Postal & E I I	SSED JAN 3 0 2009 Vashington, DC
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify  em 4. Industry Group (Select on Agriculture  Banking and Financial Services  Commercial Banking	Director Promoter ager additional related persone)  Busines Energy Elector	ZIP/Postal Gale I I 9/TPIOMSON    Ins by checking this box [ is Services  ctric Utilities	SSED  JAN 3 0 2009  Washington, DC  111  And attaching Item 3 Continuation Page(s).
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify em 4. Industry Group (Select on Agriculture Banking and Financial Services Commercial Banking Insurance	Director Promoter ager additional related persone) Busines Energy Elec	ZIP/Postal Gabe I I  9/THOMSON    Ins by checking this box [  Is Services  Ctric Utilities  Ergy Conservation	SSED  JAN 3 0 2009  Washington, DC  111  X and attaching Item 3 Continuation Page(s).  Construction REITS & Finance
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer  Clarification of Response (if Necessary) Mana  (Identify  em 4. Industry Group (Select on  Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing	Director Promoter ager additional related persone) Busines Energy Elec Coa	ZIP/Postal Gabe I I  9/THOMSON  Ins by checking this box [  is Services  ctric Utilities  ergy Conservation  Il Mining	JAN 3 0 2009  Vashington, DC  Washington, DC  111  Construction REITS & Finance Residential Other Real Estate
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify)  The management of the services of the	Director Promoter ager additional related persone) Busines Energy Coa Coa Env	ZIP/Postal Gase I I  9/TPIOMSON  Ins by checking this box [ is Services  ctric Utilities ergy Conservation Il Mining ironmental Services	SSED  JAN 3 0 2009  Washington, DC  Washington, DC  111  Construction REITS & Finance Residential
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer (Identify)  Clarification of Response (if Necessary) Mana  (Identify)  em 4. Industry Group (Select on Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund	Director Promoter  ager  additional related perso  Busines  Energy Ele Coa Env Oil	ZIP/Postal Gase I I  9/TPIOMSON  Ins by checking this box [  is Services  ctric Utilities  ergy Conservation  Il Mining  ironmental Services  & Gas	SSED  JAN 3 0 2009  Washington, DC  111  Construction REITS & Finance Residential Other Real Estate  Retailing
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify)  The management of the services of the	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund To the control of t	ZIP/Postal Gase I I  9/THOMSON  Ins by checking this box [ Is Services  ctric Utilities ergy Conservation Il Mining Ironmental Services & Gas er Energy	SSED  JAN 3 0 2009  REUTERS  Washington, DC 1919  Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Computers
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer (Identify)  Clarification of Response (if Necessary) Mana  (Identify)  em 4. Industry Group (Select on Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund  If selecting this industry group, also select	Director Promoter ager additional related persone)  Busines Energy Elec Coa Env Oil one fund W: Health C	ZIP/Postal Gase I I  9/THOMSON    Ins by checking this box [  is Services  ctric Utilities ergy Conservation  Il Mining Ironmental Services & Gas er Energy  Care	SSED  JAN 3 0 2009  Washington, DC  Vashington, DC  Construction  Reits & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer (Identify)  Clarification of Response (if Necessary)  Mana  (Identify)  em 4. Industry Group (Select on Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund If selecting this industry group, also select type below and answer the question below	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund W: Health C	ZIP/Postal Gase I I  9/THOMSON  Ins by checking this box [ Is Services  ctric Utilities ergy Conservation Il Mining Ironmental Services & Gas er Energy	SSED  JAN 3 0 2009  REUTERS  Washington, DC 1919  Construction REITS & Finance Residential Other Real Estate Retailing Restaurants Technology Computers
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer (Identify)  Clarification of Response (if Necessary)  Mana  (Identify)  Select on (Select on Identify)  Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing Investing Investing Investing Pooled Investment Fund  If selecting this industry group, also select type below and answer the question below  Hedge Fund Private Equity Fund Venture Capital Fund	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund Health ( Biot Health (	ZIP/Postal Gase I I  9/THOMSON  Ins by checking this box [ Is Services  ctric Utilities ergy Conservation Il Mining itronmental Services & Gas er Energy  Care technology	SEED  JAN 3 0 2009  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Occupation  Construction  REITS & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications  Other Technology  Travel
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify tem 4. Industry Group (Select on Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investing Investing Newstreet Banking Pooled Investment Fund  If selecting this industry group, also select type below and answer the question below Hedge Fund Venture Capital Fund Other Investment Fund	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund Health ( Biot Hea Hos Phar	ZIP/Postal Gase I I  9/THOMSON  Ins by checking this box [ Is Services  ctric Utilities ergy Conservation Il Mining ironmental Services & Gas er Energy  Care technology Ith Insurance	SEED  JAN 3 0 2009  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Onstruction  RETTS & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications  Other Technology
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Mana  (Identify  Sem 4. Industry Group (Select on  Agriculture  Banking and Financial Services  Commercial Banking Insurance Investing Investing Investing Investment Banking Pooled Investment Fund  If selecting this industry group, also select type below and answer the question below  Hedge Fund Private Equity Fund Venture Capital Fund Other Investment Fund Is the issuer registered as an investment	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund Health C Biot Hea Hos Phar	ZIP/Postal Gase I I  97THOMSON  Ins by checking this box [ Is Services  ctric Utilities  ergy Conservation Il Minimg Ironmental Services & Gas  er Energy  Care technology Ith Insurance pitals & Physicians	SEED  JAN 3 0 2009  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Occupation  Construction  REITS & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications  Other Technology  Travel
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Management (Identify tem 4. Industry Group (Select on Agriculture Banking and Financial Services Commercial Banking Insurance Investing Investing Investing Newstreet Banking Pooled Investment Fund  If selecting this industry group, also select type below and answer the question below Hedge Fund Venture Capital Fund Other Investment Fund	Director Promoter ager additional related persone)  Busines Energy Ele Coa Env Oil one fund Health C Biot Hea Hos Phar	ZIP/Postal Gase I I  977PIOMSON  Ins by checking this box [ is Services  ctric Utilities ergy Conservation  Il Mining ironmental Services & Gas er Energy  Care technology ith Insurance pitals & Physcians rmaceuticals er Health Care	SEED  JAN 3 0 2009  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Occupation  Construction  REITS & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications  Other Technology  Travel
Street Address 1  1501 NE Medical Center Dr  City St  Bend O  Relationship(s): Executive Officer Mana  (Identify  1501 ME Medical Center Dr  Clarification of Response (if Necessary)  Clarification of Response (if Necessary)  (Identify  1501 Mana  (Identify  1602 Mana  (Identify  1603 Mana  (Identify  1604 Mana  (Identify  (Identify  1604 Mana  (Identify  (Identify  1604 Mana  (Identify  (Ident	Director Promoter ager  additional related persone)  Busines Energy Eler Coa Env Oil one fund W: Health ( Hos Phar spany Manufa Real Est	ZIP/Postal Gase I I  9/TPIOMSON  Ins by checking this box [ I Services  ctric Utilities ergy Conservation I Mining ironmental Services & Gas er Energy  Care technology Ith Insurance pitals & Physcians rmaceuticals er Health Care cturing	SEED  JAN 3 0 2009  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Washington, DC  Occupation  Construction  REITS & Finance  Residential  Other Real Estate  Retailing  Restaurants  Technology  Computers  Telecommunications  Other Technology  Travel

# U.S. Securities and Exchange Commission Washington, DC 20549

	Revenue Range (for issuer not specifying "he or "other investment" fund in Item 4 above)			te Net Asset Value Range (for issuer g "hedge" or "other investment" fund ir wwe)
٠.	O No Revenues	OR	0	No Aggregate Net Asset Value
	<ul><li>\$1 - \$1,000,000</li></ul>		Ō	\$1 - \$5,000,000
	\$1,000,001 - \$5,000,000		Õ	\$5,000,001 - \$25,000,000
	\$5,000,001 - \$25,000,000		Ŏ	\$25,000,001 - \$50,000,000
	\$25,000,001 - \$100,000,000		Ō	\$50,000,001 - \$100,000,000
	Over \$100,000,000	•	0	Over \$100,000,000
	O Decline to Disclose		0	Decline to Disclose
	O Not Applicable		0	Not Applicable
tem (	6. Federal Exemptions and Exclusion	ns Claimed (Se	lect all th	at apply)
		Investment Com	pany Act Se	ction 3(c)
	Rule 504(b)(1) (not (i), (ii) or (iii))	- Section 3(	c)(1)	Section 3(c)(9)
	Rule 504(b)(1)(i)	Section 3(c	c)(2)	Section 3(c)(10)
	Rule 504(b)(1)(ii)	Section 3(e	c)(3)	Section 3(c)(11)
□ F	Rule 504(b)(1)(lii)	Section 3(	c){4}	Section 3(c)(12)
□ F	Rule 505	Section 3(	c)(5)	Section 3(c)(13)
ريخا	Rule 506	Section 3(	c)(6)	Section 3(c)(14)
	Securities Act Section 4(6)	Section 3(	c)(7)	Section 5(c)(14)
_		· <b>-</b>		
	. Type of Filing			
) Ne	w Notice OR Amer	ndment 		
ate of	First Sale in this Offering: January 1, 2009	OR 🗆	First Sale	Yet to Occur
em 8	3. Duration of Offering			
Doe	s the issuer intend this offering to last more	e than one year?	☐ Y	es 🕱 No
tem 9	. Type(s) of Securities Offered (Se	elect all that app	ly)	·
Ec	quity	☐ Pooled	l Investmen	t Fund Interests
XI De	ebt .	Tenant	t-in-Commo	on Securities
<u>،</u> د	· · · · · · · · · · · · · · · · · · ·	. Minera	l Property S	Securities
	otion, Warrant or Other Right to Acquire nother Security		Describe)	
	curity to be Acquired Upon Exercise of Option, arrant or Other Right to Acquire Security			
	0. Business Combination Transaction	<u>.                                    </u>		<u> </u>
	is offering being made in connection with a		on [] Ye	es 🔀 No
	action, such as a merger, acquisition or exchan	ge offer?	ъ.	6.7
trans				

#### U.S. Securities and Exchange Commission

Minimum investment accepted from any o	utside investor \$	1000		
Item 12. Sales Compensation				, <b>,</b>
Recipient		Recipient CRD Number		
				☐ No CRD Number
(Associated) Broker or Dealer Nor	ne	(Associated) Broker or Dea	ler CRD Nu	mber .
				No CRD Number
Street Address 1		Street Address 2		
	,			
City	State/Province	/Country ZIP/Postal Cod	le	
States of Solicitation All States		CT TOE TOE		
	KY ☐ LA ☐	ME MD MA	WI ≊ITT:#2	☐ MN ☐ MS ☐ MO
LEMT NEW NAME NHAVE		NYMO NG CONDA		25 times (22) 4 that 1000 times (20) 1000 time
RI SC SD TN	_тх	VT	□ wv	□WI □WY □PR
(Identify additional person(s)		on by checking this box	and attach	ing Item 12 Continuation Page(s).)
Item 13. Offering and Sales Amou	11165			<del></del>
(a) Total Offering Amount	600,000		OR	☐ Indefinite
(b) Total Amount Sold \$	466,000			
(c) Total Remaining to be Sold (Subtract (a) from (b))	134,000		OR	☐ Indefinite
Clarification of Response (if Necessary)				
		,		
Item 14. investors	•			
Check this box if securities in the offering			ualify as ac	credited investors, and enter the
number of such non-accredited investors when	no aiready have investe	d in the offering:		
				,
Enter the total number of investors who air	eady have invested in th	ne offering: 7		
Item 15. Sales Commissions and I	Finders' Fees Ex	penses		
Provide separately the amounts of sales com	omissions and finders' fo	es expenses if any If an an	nount is no	t known, provide an estimate and
check the box next to the amount.	and models in			
	\$	iales Commissions \$		Estimate
Clarification of Response (if Necessary)		Finders' Fees \$		Estimate
	<del></del>			

#### U.S. Securities and Exchange Commission

Washington, DC 20549

Item 16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as edirectors or promoters in response to item 3 above. If the amount is unkestimate and check the box next to the amount.	executive officers, \$	Estimate
Clarification of Response (if Necessary)		
Signature and Submission		
Please verify the information you have entered and review the	Ferms of Submission below before signing and	submitting this notice.
Terms of Submission. In Submitting this notice, each id	lentified issuer is:	
Irrevocably appointing each of the Secretary of the S the State in which the issuer maintains its principal place of bu process, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excha Company Act of 1940, or the investment Advisers Act of 1940, State in which the issuer maintains its principal place of busine Certifying that, if the issuer is claiming a Rule 505 exe the reasons stated in Rule 505(b)(2)(iii).	usiness and any State in which this notice is file in its behalf, of any notice, process or pleading y Federal or state action, administrative proced United States, if the action, proceeding or arb subject of this notice, and (b) is founded, direct ange Act of 1934, the Trust Indenture Act of 19 or any rule or regulation under any of these st ess or any State in which this notice is filed.	d, as its agents for service of , and further agreeing that eding, or arbitration brought litration (a) arises out of any etty or indirectly, upon the 39, the investment atutes; or (ii) the laws of the
This undertaking does not affect any limits Section 102(a) of the Nat 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requi "covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwise under NSMIA's preservation of their anti-fraud authority.	ire information. As a result, if the securities that are to due to the nature of the offering that is the subject	he subject of this Form D are of this Form D, States cannot
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to i attach Signature Continuation Pages for signa	
Issuer(s)	Name of Signer	
Bend Memorial Building, LLC	Howard Allred	
Signature	Title	
Jovan All	Manager	
Number of continuation pages attached:	<del></del>	Date
Number of continuation pages attached:		January 13, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Washington, DC 20549

#### **Item 3 Continuation Page**

Last Name .	First Name		Middle Name
Cummings	Kyle		
treet Address 1		Street Address 2	
501 NE Medical Center Dr			
ity	State/Province/Country	ZIP/Postal Code	
lend	Oregon	97701	
lelationship(s): Executive Officer	Director Promoter		
Tarification of Response (If Necessary)	Manager	<del></del>	<del></del>
Last Name	First Name		. Middle Name
Pinnick -	Robert		
Street Address 1		Street Address 2	
501 NE Medical Center Dr		] [	
lity	State/Province/Country	ZIP/Postal Code	
Bend	Oregon	97701	
Relationship(s): Executive Officer			
Clarification of Response (if Necessary)			
"larification of Response (if Necessary) i	Manager :		
, , ,			
	First Name		Middle Name
`			Middle Name
Last Name	First Name	Street Address 2	Middle Name
Last Name Boggess	First Name	Street Address 2	Middle Name
Last Name Boggess itreet Address 1	First Name	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Boggess itreet Address 1 501 NE Medical Center Dr	First Name  Jeffery		Middle Name
Last Name Boggess Street Address 1 1501 NE Medical Center Dr Sity	First Name  Jeffery  State/Province/Country  OR	ZIP/Postal Code 97701	Middle Name
Last Name Boggess Street Address 1 501 NE Medical Center Dr Sity Send Selationship(s): Executive Officer	First Name  Jeffery  State/Province/Country  OR  Director Promoter	ZIP/Postal Code 97701	Middle Name
Last Name Boggess Street Address 1 1501 NE Medical Center Dr Sity	First Name  Jeffery  State/Province/Country  OR  Director Promoter	ZIP/Postal Code 97701	Middle Name
Last Name Boggess Street Address 1 501 NE Medical Center Dr Sity Send Selationship(s): Executive Officer	First Name  Jeffery  State/Province/Country  OR  Director Promoter	ZIP/Postal Code 97701	Middle Name
Last Name Boggess Street Address 1 501 NE Medical Center Dr Sity Send Selationship(s): Executive Officer	First Name  Jeffery  State/Province/Country  OR  Director Promoter	ZIP/Postal Code 97701	Middle Name  Middle Name
Last Name Boggess Street Address 1 501 NE Medical Center Dr Sity Send Stelationship(s): Executive Officer Clarification of Response (if Necessary)	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager	ZIP/Postal Code 97701	
Last Name  Boggess  Greet Address 1  1501 NE Medical Center Dr  Gity  Bend  Itelationship(s): Executive Officer  Clarification of Response (if Necessary)	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name	ZIP/Postal Code 97701	
Last Name Boggess Street Address 1 ISO1 NE Medical Center Dr Sity Bend Stelationship(s): Executive Officer Clarification of Response (if Necessary)	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name	ZIP/Postal Code 97701	
Last Name Boggess Street Address 1 501 NE Medical Center Dr City Send Lelationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Simning Street Address 1	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name	ZIP/Postal Code 97701	
Last Name Boggess Greet Address 1 ISO1 NE Medical Center Dr Gity Bend Itelationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Simning Greet Address 1 ISO1 NE Medical Center Dr	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name  Patrick	ZIP/Postal Code 97701  Street Address 2	
Last Name Boggess Street Address 1 501 NE Medical Center Dr City Bend Belationship(s): Executive Officer Clarification of Response (if Necessary) Last Name Simning Street Address 1 1501 NE Medical Center Dr	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name  Patrick  State/Province/Country  Oregon	ZIP/Postal Code  97701  Street Address 2  ZiP/Postal Code  97701	
Boggess Street Address 1  1501 NE Medical Center Dr City Stend  Clelationship(s): Executive Officer  Clarification of Response (if Necessary)  Last Name  Simning Street Address 1  1501 NE Medical Center Dr City  Send	First Name  Jeffery  State/Province/Country  OR  Director Promoter  Manager  First Name  Patrick  State/Province/Country  Oregon  Director Promoter	ZIP/Postal Code  97701  Street Address 2  ZiP/Postal Code  97701	

Washington, DC 20549

#### **Item 3 Continuation Page**

tem 3. Related Persons (Continued  Last Name	First Name		Middle Name
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Beard Street Address 1	Timmothy	Street Address 2	
r	. 1	Street Address 2	
1501 NE Medical Center Dr	tota Musicia de Constant	710/0	
	tate/Province/Country	ZIP/Postal Code	
Bend	Dregon	97701	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)	ager		
Last Name	First Name		Middle Name
		· · <u> · · · · · · · · · · · · · · · ·</u>	
Street Address 1		Street Address 2	
City 5		ZIP/Postal Code	
	,		
<u></u>			
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			
Last Name	First Name		Middle Name
	Jeffery		
Street Address 1		Street Address 2	
	1		
City	state/Province/Country	ZIP/Postal Code	
Relationship(s): Executive Officer	Director Promoter		
Clarification of Response (if Necessary)			1.80.214
Last Name	First Name		Middle Name
		· · ···	, ·
Street Address 1		Street Address 2	
Street Address 1		Street Address 2	
	state/Province/Country	Street Address 2 ZIP/Postal Code	
	state/Province/Country		
City S			
	State/Province/Country  Director Promoter		
City S			

**Notice of Exempt** Offering of Securities

### U.S. Securities and Exchange Commission

Washington, DC 20549

#### (See instructions beginning on page 5) Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.

Expires: January 31, 2009 Estimated average burden

OMB Number: 3235-0076

hours per response: 4.00

Item 1. Issuer's Identity		
Name of Issuer	Previous Name(s) X None	Entity Type (Select one)
Bend Memorial Building, LLC		Corporation
Jurisdiction of Incorporation/Organization		Limited Partnership
Oregon		Limited Liability Company
Year of Incorporation/Organization (Select one) Over Five Years Ago Within Last Five Years (specify year)	005 Yet to Be Formed	General Partnership  Business Trust  Other (Specify)
(If more than one issuer is filing this notice, check th	is hov  and identify additional issuer(s) by a	ttachina Items 1 and 2 Continuation Page(s)
Item 2. Principal Place of Business and C		tuching hems I and I Communicative agels,
Street Address 1	Street Address 2	
	Sitet Address 2	
1501 NE Medical Center Dr		
	/Province/Country ZIP/Postal Code	Phone No.
Bend Oreg	97701	541-788-9101
Item 3. Related Persons		•
Last Name	First Name	Middle Name
Allred	Howard	
Street Address 1	Street Address 2	
1501 NE Medical Center Dr	•	<u> </u>
	Province/Country ZIP/Postal Code	
Bend	on 97701	
	ector Promoter	
Clarification of Response (if Necessary) Manager	·	
(identify add	itional related persons by checking this box 🗵	and attaching Item 3 Continuation Page(s)
Item 4. Industry Group (Select one)	<del>.</del>	···
Agriculture	Business Services	Construction
Banking and Financial Services Commercial Banking	Energy  Electric Utilities	REITS & Finance
Insurance	Energy Conservation	Residential
Investing	Coal Mining	Other Real Estate
Investment Banking	Environmental Services	Retailing
Pooled investment Fund	. Oil & Gas	Restaurants
If selecting this industry group, also select one	fund Other Energy	Technology
type below and answer the question below:	Health Care	Computers Telecommunications
Hedge Fund	Biotechnology	<u> </u>
Private Equity Fund	Health Insurance	Other Technology
Venture Capital Fund	Hospitals & Physcians	Travel
Other Investment Fund	Pharmaceuticals	Airlines & Airports
Is the issuer registered as an investment company under the Investment Company	, Other Health Care	Lodging & Conventions  Tourism & Travel Services
Act of 1940? Yes No	Manufacturing	Other Travel
Other Banking & Financial Services	Real Estate	
<del></del>	<ul><li>Commercial</li></ul>	Other .

# U.S. Securities and Exchange Commission

Revenue Range (for issuer not specifying "hedg or "other investment" fund in item 4 above)			te Net Asset Value Range (for issuer g "hedge" or "other investment" fund i love)
O No Revenues	OR	0	No Aggregate Net Asset Value
\$1 - \$1,000,000	•	Ō	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000		Õ	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000		ŏ	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000		Ŏ	\$50,000,001 - \$100,000,000
Over \$100,000,000	•	Ō	Over \$100,000,000
Decline to Disclose		Ō	Decline to Disclose
Not Applicable		Ŏ	Not Applicable
em 6. Federal Exemptions and Exclusions	Claimed (Se	ect all the	at apply)
	Investment Com	pany Act Sec	ction 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c	)(1)	Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c	)(2)	Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c	)(3)	Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c	:)(4)	Section 3(c)(12)
Rule 505 .	Section 3(c	:)(5)	Section 3(c)(13)
Rule 506	Section 3(c	:)(6)	Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c	)(7)	Section 5(c)(14)
	_		
em 7. Type of Filing			· -
New Notice OR Amenda	nent		
ate of First Sale in this Offering: January 1, 2009	OR 🗆	First Sale \	et to Occur
em 8. Duration of Offering			
Does the Issuer intend this offering to last more th	nan one year?	□ Y	es 🔀 No
tem 9. Type(s) of Securities Offered (Sele	ect all that appl	y)	
<b>Equity</b>	Pooled	Investmen	t Fund Interests
☐ Debt	Tenant	-in-Commo	on Securities
J <b>2</b> 00.	☐ Mineral	Property S	Securities
Option, Warrant or Other Right to Acquire Another Security	Other ([	Describe)	
Security to be Acquired Upon Exercise of Option,			
→ Warrant or Other Right to Acquire Security			
•			
em 10. Business Combination Transaction			
tem 10. Business Combination Transaction  Is this offering being made in connection with a but transaction, such as a merger, acquisition or exchange of		n Ne	es 🗙 No

# U.S. Securities and Exchange Commission

Minimum investment accepted from any o	outside investor \$	3,333		
Item 12. Sales Compensation				
Recipient		Recipient CRD Number		
				☐ No CRD Number
(Associated) Broker or Dealer Nor	ne	(Associated) Broker or Deal	ler CRD Nur	mber
				No CRD Number
Street Address 1	· · ·	Street Address 2		
City		Country ZIP/Postal Cod	•	
City	State/Province/0	Lountry ZiP/Postal Cod	<del></del>	
States of Solicitation All States				
TO ALCOHOLOGY DAY		TO DE DEC		☐ GA □ HI ② ☐ ID ⊴
IL IN IA KS [		ME MD MA	MI ₃BA&&	☐ MN ☐ MS ☐ MO
MT   NE		Y NC UND S	U WV	□OK ☑OR □PA □WI □WY □PR
(Identify additional person(s)	being paid compensatio	n by checking this box	and attachi	ng Item 12 Continuation Page(s).)
Item 13. Offering and Sales Amou	ınts			·
(a) Total Offering Amount	46,662		OR	☐ Indefinite
(b) Total Amount Sold \$	46,662			
(c) Total Remaining to be Sold \$	0		OR	☐ Indefinite
Clarification of Response (if Necessary)				
• "				
Item 14. investors				
Check this box if securities in the offering number of such non-accredited investors with the control of the co			ualify as acc	credited investors, and enter the
Enter the total number of investors who alre	eady have invested in the	e offering: 14		
Item 15. Sales Commissions and I	Finders' Fees Exp	enses		
Provide separately the amounts of sales com check the box next to the amount.	nmissions and finders' fee	es expenses, if any. If an am	nount is not	known, provide an estimate and
,	Sa	les Commissions \$		Estimate
Clarification of Response (if Necessary)	·	Finders' Fees \$		Estimate
	1000			

number.

#### U.S. Securities and Exchange Commission

Item 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has a used for payments to any of the persons required to be name directors or promoters in response to Item 3 above. If the amount estimate and check the box next to the amount.	ed as executive officers,
Clarification of Response (if Necessary)	
	ľ
<u> </u>	
Signature and Submission	
Please verify the information you have entered and revie	w the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice,	each identified issuer is:
Notifying the SEC and/or each State in which	this notice is filed of the offering of securities described and
	ccordance with applicable law, the information furnished to offerees.*
- •	of the SEC and the Securities Administrator or other legally designated officer of
the State in which the issuer maintains its principal plac	ce of business and any State in which this notice is filed, as its agents for service of
process, and agreeing that these persons may accept se	ervice on its behalf, of any notice, process or pleading, and further agreeing that
such service may be made by registered or certified ma	il, in any Federal or state action, administrative proceeding, or arbitration brought
against the issuer in any place subject to the jurisdiction	n of the United States, if the action, proceeding or arbitration (a) arises out of any
activity in connection with the offering of securities that	t is the subject of this notice, and (b) is founded, directly or indirectly, upon the
	s Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment
	f 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the
State in which the issuer maintains its principal place of	
_	505 exemption, the issuer is not disqualified from relying on Rule 505 for one of
the reasons stated in Rule 505(b)(2)(lii).	
110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States "covered securities" for purposes of NSMIA, whether In all Insta	the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, to require information. As a result, if the securities that are the subject of this Form D are ances or due to the nature of the offering that is the subject of this Form D, States cannot otherwise and can require offering materials only to the extent NSMIA permits them to do
Each identified Issuer has read this notice, knows the co undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	entents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Issuer(s) Bend Memorial Building, LLC	Name of Signer Howard Allred
Bend Memorial Building, LLC	Howard Allred
Bend Memorial Building, LLC	Howard Allred Title

Washington, DC 20549

#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Cummings Kyle Street Address 2 Street Address 1 1501 NE Medical Center Dr State/Province/Country City ZIP/Postal Code 97701 Oregon Bend Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Manager Last Name Middle Name First Name Pinnick Robert Street Address 2 Street Address 1 1501 NE Medical Center Dr City State/Province/Country ZIP/Postal Code Bend Oregon 97701 Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) | Manager Last Name First Name Middle Name Jeffery Boggess Street Address 1 Street Address 2 1501 NE Medical Center Dr ZIP/Postal Code City State/Province/Country OR 97701 Bend Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) | Manager Last Name Middle Name First Name Simning Patrick Street Address 1 Street Address 2 1501 NE Medical Center Dr City State/Province/Country ZIP/Postal Code Bend Oregón 97701 Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) | Manager

Washington, DC 20549

#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Beard Timmothy Street Address 2 Street Address 1 1501 NE Medical Center Dr City State/Province/Country ZIP/Postal Code 97701 Bend Oregon Relationship(s): ☐ Executive Officer ☐ Director ☐ Promoter Clarification of Response (if Necessary) Manager Last Name Middle Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Jeffery Street Address 1 Street Address 2 State/Province/Country ZIP/Postal Code City Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name Middle Name First Name Street Address 2 Street Address 1 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as necessary.)

END 9